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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **Docket Number (Optional)**
FY 2005

(fees effective on or after December 8, 2004)
Application Number 09/757,673 GNVPN.019B1USA
For Method for Recombinant Adeno-Associated Virus-Directed Gene Therapy Filed January 10, 2001
Art Unit 1635 Examiner Whiteman, Brian A.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$1020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.
☒ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3040. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
☒ attorney or agent of record. Registration Number 33,980
☐ attorney of agent under 37CFR 1.34
Registration number if acting under 37 CFR 1.34 _____

Cathy A. Kodroff October 19, 2005
Signature Date

Cathy A. Kodroff 215-540-9200
Typed of printed name Telephone Number

NOTE: Signatures of all inventors or assignees of record of the entire or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>11/1/05</u>		2 Serial/Patent # <u>09/757,625</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/> Filing			\$							
<input type="checkbox"/> Amendment			\$							
<input checked="" type="checkbox"/> Extension of Time		10/19/05	\$ 1020							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
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<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
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7 TOTAL AMOUNT OF REFUND			\$1020							
8 TO BE REFUNDED BY:										
10 REASON:		<input checked="" type="checkbox"/> Treasury Check								
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> <td style="width: 20px;">0</td> </tr> </table>		0	8	--	3	0	4	0
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11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>WAN LAYMAN</u>		TITLE: <u>pet. exam</u>								
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